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Sarah Mullins
sarahandbruce@frontier.com

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A Matter of Respect: The Mother-Home Visitor Relationship
in the Healthy Families America Program

By

Sarah Mullins

Thesis

Marshall University

Master of Arts in Family and Consumer Science

Committee Members:

Mary Jo Graham (chair)

Linda Spatig

Janet Dozier

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Abstract

This thesis explores factors that influence the mother-home visitor relationship within the home visiting program, specifically, the Healthy Families America Program. The thesis was done as part of an evaluation of the local HFA program and used qualitative evaluation methods. Participants in the study consisted of five families chosen randomly from families who had been in the program at least one year, three Family Support Workers, and two supervisors. Data was gathered from participant observation of home visits and taped semi-structured interviews with participants. Qualities found to be helpful to the relationship were responsiveness, respect, and sharing personal experiences. Qualities detrimental to the relationship were unrealistic expectations, the presence of domestic violence in the home, discussing sensitive topics, and Child Protective Services involvement. Two distinct relationship styles and two different foci of relationships were observed. Other relationships within the home visiting program were also observed to be of importance, those between Family Support Workers, between family support workers and supervisors, and between supervisors and families. These other relationships should be studied further. Contributions of this study include a unique perspective gained from participant observation and a picture of the inner workings of the program that can only be gained by the qualitative methods used.

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Chapter One

I think the biggest thing is just to be respectful, and you start accepting people more for their struggles, and you just see people in a whole different light - Family Support Worker

This quote from a family support worker illustrates an important aspect of the mother-home visitor relationship within a home visiting program. When the relationship is nurtured properly and allowed to reach its fullest potential it can have the power to change the participants' fundamental values and outlook on life. The relationship this mother had with her home visitor changed the way she viewed her role in their family. She said, "She [the family support worker]...reminds us that we're a family and we need to act like a family. That's the kind of influence she has on us whenever she's here." In this thesis I will explore some of the factors that can affect this powerful relationship.

Research Purpose and Definitions

Home visiting is a strategy in which the home visitor offers information, guidance, and emotional and practical support directly to families in their homes (Powers & Fenichel, 1999). Home visiting is a unique service strategy because it is an attempt to go into a person's home and try to change their behavior in order to make the family more functional and, in the case of the program I studied, to reduce child abuse. Home visiting is helpful because

"Home visits present a strategy to reach isolated families, families that typically do not participate in community affairs, families that are too distrustful or too disorganized to make their way to a center-based program or a social worker's office – in short, families at greatest risk for abuse. From this perspective, home visiting is a constructive force to engage dysfunctional families" (Donnelly, 1992, p. 2).

The medium through which the service is delivered in home visiting programs is the relationship between the home visitor and the family. A family's success in a home visiting program is largely determined by the strength of the relationship they have with their home visitor, because all of the elements of the program (information on child development, available community resources, and just about anything else a family needs help with) are delivered to the family through the home visitor. The development of a relationship is necessary in order for these other services that make up the bulk of the program to have an impact. (Godley, 1989). What follows is a description of qualitative evaluation research conducted in an attempt to understand the factors that inhibit or contribute to the formation of a good relationship between the home visitor and the family in a home visiting program, Healthy Families America, located in a small city in Appalachia.

This research was conducted as part of an evaluation of this particular Healthy Families Program. The evaluation was commissioned by the director of the program. The purpose of the evaluation was to explore the program's success of reaching its goals, looking at topics such as parent-child interaction, child growth and development, and family functioning. The evaluation had a dual focus, of which I was involved in the first part: 1) to explore families' experiences with Healthy Families, and 2) to explore child wellbeing and related factors. In order to accomplish the goals of the first part, a small sample of families was selected randomly and I completed participant observations of home visits with these families and interviews with family members and home visitors, or "family support workers", as they are known in the program. Through these methods I hoped to gain an understanding of how each family perceived the program and the factors that affected their relationship with their home visitor.

Limitations

Limitations of this study include those common to qualitative studies, namely those of small sample size and the inability to conclusively generalize between what was found for the

group studied and the larger population. Participant observations were not made of consecutive visits during the time of the study, and so some family developments during this time were not directly able to be directly observed by me. All the families in the study were white, and only one of the FSWs was African American, and so it was not able to be determined if the characteristics of the relationships I observed were a result of cultural factors or some other factor. Also, the study took place within the Appalachian culture, and this could also have had some influence on the findings. Outside Appalachia the importance of the relationship or the factors affecting it could be quite different.

Significance

The significance of this study lies largely in the research methods used. Very few studies of home visiting programs have been done using participant observation of actual visits and other aspects of the program. Past researchers have called for the need to use this method to gain a greater understanding of the true nature of the relationships. In many ways the study corroborates what was found to be characteristic of the mother-home visitor relationship in earlier studies, but some of the findings, including responsiveness and many of the detrimental qualities, are unique to this study.

Healthy Families America

In 1992, an organization then known as the National Committee to Prevent Child Abuse – now known as Prevent Child Abuse America – launched Healthy Families America (HFA), an initiative to establish a universal, voluntary home visitor system for all new parents (Healthy Families America Training Manual). The most important aspect of this system was the development of high-quality home visiting services for families facing the greatest challenges. Since that time, HFA's intensive services have been implemented in more than 300 geographically and culturally diverse communities (Daro & Harding, 1999).

HFA has two goals: to promote good parenting skills and to prevent child abuse and

neglect. These goals are accomplished by enhancing parent-child interactions, fostering child growth and development, and improving family functioning in areas such as problem solving, social support, and use of community resources (Daro & Harding, 1999).

HFA's goal is to provide voluntary support for all eligible families at the time of a child's birth. Home visitation is offered to those families at greater risk for serious parenting problems, including an increased risk for abuse or neglect. A unique feature of HFA is that it attempts to assess all families in an intended population within a community. This population, in more than 90% of HFA programs, is either all new parents or all first-time parents (Daro & Harding, 1999). Families are referred by other agencies, hospitals, prenatal clinics, and the local housing authority, among others (Graham & Mathis, 2000). Assessment usually occurs in the hospital or at home with a specially trained person known as the Family Assessment Worker (FAW). The FAW listens to the family's concerns and links the family to appropriate community resources. The Family Stress Checklist is used as a guide to identify challenges within the family. Items on the checklist include substance abuse, criminal history, and involvement with child protective services.

In the local program that I studied, families at greatest risk of parenting problems are encouraged to participate in home visiting, beginning with weekly visits. The frequency is reduced as families meet specific goals, which they develop with their home visitors during the initial visits. Goals are listed on the family's Individual Family Service Plan, or IFSP. The pattern, as previously stated, is to begin with weekly visits (called Level 1), then reduce these visits to every other week (Level 2). As families reach specifically set goals, visits are further reduced to once a month (Level 3) and eventually to once every three months (Level 4). However, should new crises arise, the number of visits may be increased. The goals are listed on the Level Promotion Form and must be agreed upon by the family, FSW, and supervisor (Graham & Mathis, 2000). Services begin at a child's birth or during pregnancy and can continue until the child is five years of age.

The major connection between the HFA program and the family is the Family Support

Worker (FSW). Rather than a professional with a high level of education, the FSWs are parents with high school diplomas and some experience working with children and families. Nationally, (82%) of FSWs attended some college (Daro & Harding, 1999). All three of the FSWs that I worked with in this study had attended some college. These FSWs are trained extensively prior to working with families, and regular in-service training is required. The most important characteristic of the FSWs is the ability to engage families and establish trusting relationships (Healthy Families America Training Manual). Building trust with the individuals that HFA serves, most of whom have experienced repeated violence, abuse, and general instability, requires considerable time and skill (Graham & Mathis, 2000).

Once a good relationship has been established, (the factors surrounding which I will explore in much further detail) the FSW tries to provide families with information on child development and parenting and to help families meet the challenges they face in order to achieve their goals. Initially the FSW assists the family in identifying resources and making and keeping appointments. The family is encouraged to do as much as possible on their own as they are deemed ready to access various resources by themselves. When a family accomplishes this, it can be a source of great pride for their FSW. One FSW I studied was very happy when a mother went to the community pharmacy by herself to pick up a prescription. When families do have problems in seeking resources, the FSW may intercede for them.

The first goal of the FSW is to establish trust and to become familiar with how the family functions (Powell, 1990). FSWs often assist a family during this period with their most immediate needs such as obtaining food, adequate housing, baby furniture, or just about anything else the family may need. As the relationship is established, the FSW is able to introduce the concept of the IFSP. Most families have not done this before, and some experience difficulty with thinking of strengths and setting goals. In the beginning goals are often very broad (e.g., on the first IFSP of one of the families I studied, a goal was simply, “a better life for my kids”). As the family progresses in the program and hopefully acquires new life skills, the IFSP is reviewed and revised. Goals are supposed to become progressively more realistic, but the goals are always

their own individual goals (Graham & Mathis, 2000). The FSWs work toward the HFA goals through the process of indirect teaching and the information they provide to the family.

This information is provided both verbally and with handouts from the Lil' Bits, St. Angelo's, and Partners for a Healthy Baby curricula or any other resources the FSW thinks is appropriate for the individual family. The FSW and parents also keep track of the children's development on the Ages and Stages Questionnaires. These handouts and questionnaires are often the topic of home visits. However, the FSW is called into the home for many other reasons as well (Graham & Mathis, 2000).

There are four full-time FSWs at the particular HFA program I studied. Each FSW has a caseload of 10-16 families. The more experienced FSWs have the bigger caseloads. The HFA supervisor is a licensed social worker with a Bachelor's Degree in Social Work. Her job is to support the FSWs in their work. Each week, the FSWs meet individually with their supervisor for a period of up to two hours. The supervisor and the FSW go over each of that FSW's families' progress and plan what next steps the FSW should take with each family. These conversations are documented in the supervisory log. In addition, the supervisor is available to assist the FSW in crisis situations and to go on home visits as needed, for example, if the FSW was sick, the supervisor in the program I studied would often go out and do the home visit for her so the visit would not be missed. In this capacity, it is important for the supervisor to develop at least a rudimentary relationship with each family as well.

Each FSW documents all contacts with a family in a contact log and writes an extended narrative of each actual home visit. These logs are kept in the family files. In addition, all forms and assessments pertinent to the family are placed in the family file. These files are quite extensive.

One of the distinguishing features of HFA is its research network, designed to bring together researchers evaluating HFA programs in order to build as comprehensive a data base as possible. Findings to date were compiled by Daro and Harding (1999) who reported that HFA was achieving positive changes in the areas of parent-child interaction and parental capacity for

tolerance of child behaviors. Most families served by HFA, Daro and Harding (1999) found, appeared better able to care for their children, to access health care services, to resolve many problems common to low-income families, and to avoid being reported to CPS. Researchers have not yet demonstrated that HFA benefits child development or increases social supports for the family, and the findings are mixed with regard to enhanced maternal life course (i.e., greater educational achievement, reduced welfare dependency).

The local program that I studied appeared to follow these national trends. A recent evaluation of the program (Graham & Mathis, 2000) found that the program was directed toward the attainment of the HFA goals, had good flexibility and staff availability, and staff enthusiasm for the program was high. The evaluation found the children in the program were for the most part thriving and receiving their immunizations on time. Their development was largely on track and CPS involvement was low. The FSWs were using a nonjudgmental approach in teaching families, and the development of the relationship between the FSW and the family was given a high priority. It is the factors surrounding the development of this relationship that I will focus on in this study. I begin by reviewing the literature on the development of the relationship.

Chapter Two

Review of Literature

Home Visiting Programs

Home visiting is a strategy for offering information, guidance, and emotional and practical support directly to families in their homes (Powers & Fenichel, 1999). Home visiting programs have a long history, dating back to Elizabethan times in England, endorsed by Florence Nightingale, and existing in the United States since at least the 1880s (Gomby, Culross, & Behrman, 1999). Larner & Halpern (1992) report that in the latter decades of the 19th century in this country, well-to-do volunteers known as “friendly visitors” dispensed “moral guidance” to poor families. In the early part of the current century, home visiting was part of the job of social workers and public health nurses, many connected with the settlement house movement (Larner and Halpern, 1992).

Home visiting is not a service in itself, it is a strategy for delivering services. Home visiting programs may have goals such as serving families of infants and toddlers with special needs, enabling schools to support families with very young children (Zigler, 1989), promoting the health of pregnant women and children, or preventing child abuse, as is the goal of Healthy Families America.

Home visiting is unique because it is based on the opportunity to work with individuals within a family context, enabling the home visitor to learn firsthand about the conditions of life for families. The home setting also allows the visitor to “maximize the principle that effective educational and human services programs begin where the client is” (Powell, 1990, p. 3). Home visiting offers the opportunity to individualize service based on the needs and characteristics of the family. Another advantage is the ability of home visitors to reach geographically isolated families as well as families who might be too “distrustful or disorganized to make their way to a center-based program” (Powell 1990).

Larner and Halpern (1992) describe what a typical home visit would be like:

When she (home visitors, whether lay or professional, are overwhelmingly females) enters the home, the visitor typically catches up with the new mother on significant events and appointments since her last visit, discusses relevant health or child development topics, and demonstrates and asks the mother to try out infant care and stimulation activities. She may remind the mother of upcoming medical appointments, and together they plan the topics that will be covered on the next visit (p. 90).

Often the “educational” part of the visit is preceded or followed by a relaxed time of sharing about general issues the mother may have concerns about. The visitor will empathize with the mother and “problem solve” with her to come up with ways of dealing with difficulties. (Larner & Halpern, 1992).

Researchers are continuing to gather evidence about what aspects of home visiting work well for what populations, and under what conditions. This information will help to strengthen existing programs and develop good quality new programs. The questions of how home visiting programs are best evaluated has also been a challenging one, because of the great variety among programs. Daro and Harding (1999) say that no single research project will provide a comprehensive answer to all questions. “The best policies and programs emerge from the collective lessons of a wide body of research, encompassing diverse theoretical models and methodologies” (p. 175). Gomby, Culross, and Behrman (1999), however, assert that studies that employ rigorous experimental designs in which families are randomly assigned either to receive home visiting services or to be in control groups that received other services or no services are generally the best way to test the “causal connections between a service program and outcomes” (p. 7).

Rigorously controlled studies published in peer-reviewed scientific journals provide the strongest evidence regarding how services provided through home visiting make a positive difference in the lives of children and families. Other evaluation methods produce less certainty about cause-and-effect relationships yet offer rich sources of information that can help policy makers invest wisely in services for children and

families (Powers & Fenichel 1999, p. 5).

Helping provide information to policy makers was the goal of the evaluation of Healthy Families America in which I participated. Powell (1990) notes that “little research has been conducted on the processes of home visiting, including observations of sessions in the home” (p. 66).

Observations of home visits made up a major portion of my study.

Home visiting is not a panacea for all the ills of society. The Future of Children recently devoted an entire issue to reviewing the accumulated research on six national home visiting programs that have been studied in controlled tests, discovering mixed results and wide variations in program implementation. Gomby, Culross, & Behrman (1999) suggest that even if the improvements suggested by the research are made to home visiting programs, more modest expectations of programs are needed, and therefore home visiting should not be relied upon as the sole service. “No one service program can or should be expected to inoculate families against the varied and complex needs facing children and families today” (Powers & Fenichel 1999, p. 5). Home visiting programs should build upon what has been learned from these results to create better programs for the future.

When home visiting programs embed themselves in a comprehensive program of support, which may include center-based child care, access to social services, and occupational training, they achieve outcomes such as parents who are better able to respond to the needs of their children, stronger parent-child relationships, more conversation between parent and child, greater child exposure to learning opportunities, and more involvement in the activities that take place during the home visits (Powers & Fenichel 1999).

Powers and Fenichel (1999) propose six key elements of effectiveness in home visiting:

1. Clearly defined goals and objectives
2. Home visitors who know how to reach the goals and objectives
3. Carefully recruited and well-trained home visitors
4. Collaboration with other community resources
5. Adequate and stable funding

6. Evaluation and continuous quality improvement (p. 6-7).

Part of the third element is a home visitor who knows how best to develop a “strong interpersonal tie” (or relationship) between the parent and herself.

The Importance of the Relationship

What is it about home visiting that influences maternal behavior? Lerner (1987) believes that it is social support that includes the creation of a trusting relationship between mother and home visitor. When the visitor demonstrates her concern for the family by offering to help resolve their problems and by listening and talking about what is important to them, she is laying a foundation of confidence, trust, and involvement that will “enhance the impact of the educational messages” she wants to get across to the mother. Support and assistance are tools the home visitor uses in creating rapport and trust with the mothers. “Once a visitor becomes a trusted friend, her recommendations have weight” (Lerner, 1987 p. 5).

On the other hand, “when a home visitor has not been able to establish a relaxed rapport with a mother, the educational aspect of her visits will fall flat” (Lerner, 1987 p. 6). The most effective teaching takes place when the mother is an active participant in the lesson, “engaged because she is invested in her relationship with the home visitor”. If the home visitor feels she is in the capacity of a friend to her client, the client will be a better participant than if the relationship were that in which the home visitor had the more traditional role of social worker or teacher (Lerner, 1987 p.7).

Powell (1990) found that in good home visiting programs, “the importance of a strong interpersonal tie between parent and home visitor is emphasized” (p. 68). For some of the programs Powell (1990) examined, a trusting relationship was viewed as essential to parental openness to information and suggestions offered by the home visitor. In other programs, the visitor-parent relationship is the medium through which the program is carried out. Powell (1990) argues that “the way in which help is rendered is as important as the actual content of the help” (p. 68). Powell (1990) also suggests that “a trusting relationship between a family and

program worker is the essence of an intervention and takes time in order to develop” (p. 68).

In order to promote this essential strong relationship, and to ensure parental participation in visits, it is important that home visitors and parents/families be “well-matched” in personality so that they may be more than just acquaintances (Larner 1987).

Factors that Facilitate the Relationship

Ispa, Sharp, Brookes, Wolfenstein, Thronburg, Fine, and Lane (2000) found in their qualitative study of an Early Head Start program’s home visiting component that “honesty and clarity to mothers about program requirements and benefits are essential to keeping the good will and continued participation of mothers” (p.3). Recruitment strategies for programs must be careful not to mislead mothers into thinking they will receive benefits the program does not offer; and they must be careful not to leave mothers with the mistaken impression that participation in one program sector will earn any privileges in another. Feeling deceived about program benefits will certainly not help the relationship between mother and home visitor.

Also, when home visitors open up to mothers about their personal lives somewhat, it may increase the mothers’ confidence in the information given by the home visitor (Ispa et. al., 2000). When asked if her home visitor imparted any valuable information about children, a mother in Ispa et. al.’s (2000) study said that the home visitor “didn’t know nothin’”, because the home visitor had no children of her own and therefore could not connect the information she was giving with anything in her real-life experience. On the other hand, another mother reported that she “learned a lot from him” (her home visitor) because he frequently told her stories about his own wife and daughter that related to the information he was giving her. When the home visitor opens up a bit and lets the mother see that they are a “real person” too, with a family of their own, this facilitates the relationship between the two.

“Establishing a warm relationship with children can help home visitors maintain their relationships with parents during times of waning parental interest in the intervention. Some parents continued participating in the program because they knew their children enjoyed the

home visits” (Ispa et. al., 2000 p. 4). Additionally, home visits that involve mothers and home visitors working together on non-child tasks that are important to the mother can also play an important role in winning trust and establishing good relationships (Ispa et. al. 2000). For example, one home visitor in Ispa et. al.’s (2000) study described an occasion when she arrived for a visit and the mother was extremely preoccupied with fixing dinner for a large group of people and did not have time to stop for the traditional visit. The home visitor says, “...so the whole visit was just browning hamburger and cutting up onions and cooking together. And I mean it was just like, that was just one of our key points together” (Ispa et. al., 2000 p.4).

Especially when relationships are new, mothers may respond best to an “indirect, soft approach that allows them to perceive the home visitor as giving them food for thought rather than commands. Commands are perceived as nagging. With time, after the relationship has been solidified, the home visitor can become more direct” (Ispa et. al., 2000, p. 5).

Such an indirect approach was also found to be helpful by Godley (1989) who conducted a qualitative study of a home visiting program called “Ounce of Prevention”. Home visitors in Godley’s (1989) study who were perceived as helpful by the mothers they served did such things as active listening, providing support and advocacy, and making referrals to other helpful services, rather than teaching directly. Beyond active listening, participants in Godley’s (1989) study frequently reported that the home visitor helped them feel better about themselves. Half of the participants said that the home visitor being there to talk to was one of the most helpful things she did for them. The next most frequent answers were helping to care for the baby, providing information about birth control, help with self-confidence and self-understanding, and providing information about pregnancy (Godley 1989).

Participants in Godley’s (1989) study wanted someone “who would be nice, give them accurate information, show concern for them, be friendly, polite, and honest with them. It was also important that the visitor “let them talk and really listen to them” (p.15). A home visitor who wishes to develop a good relationship with a mother should take these things into account. In his book, The Art of Helping (1973) Carkhuff describes dimensions critical to the effectiveness of

the helping relationship. His findings mirror Godley's (1989). They include empathetic understanding, positive regard, genuineness, and concreteness.

Larner (1987) found this concreteness to be especially helpful. A home visitor in Larner's (1987) study says:

Sometimes it takes a very long time for them to share anything, and it may not be something personal like a boyfriend that breaks the ice. It may be the food stamps. These are people that have very real needs for very basic things, like housing, medical care. And lots of these people have been led down the primrose path by other folks, have been promised things that have not been delivered, so they may be frustrated by the agencies. Concrete things can be very important, they can be a way of testing the home visitor: "Can this person deliver? Can she really help me? How far will she go?" (p.5)

Larner and Halpern (1992) found that another facilitating factor to the relationship can be if the home visitor is a "lay person" rather than a professional. "Lay visitors tend to be accepted by families and their neighbors more quickly than professionals often are, and their persistent efforts to locate mothers provoke less suspicion than similar pursuit by many types of professionals" (p.91).

The relationship is especially helped if the lay home visitor is from the same community as the mothers that she serves.

...a worker from the community joins the program with substantial prior knowledge of the physical and social conditions in which families live. She can draw from personal experience to understand the issues confronting families...she is not surprised by the problem of the beliefs of the families she visits, and her empathy and understanding often make her suggestions more welcome (Larner & Halpern, 1992, p.93).

According to Larner and Halpern (1992), "The relationships developed in lay home visiting programs resemble the informal helping relationships that exist within natural social networks...[peer helpers] exchange ideas and often share personal experiences to illustrate a point and to build empathy" (p.93). "Formal" lay helping, like this informal helping, integrates

emotional support, problem solving, and concrete assistance “in an ongoing relationship that offers continuity and stability, creating a context of confidence and trust. When a relaxed, trusting alliance develops between visitor and mother it is a mechanism of considerable power” to influence changes in families (p.93).

Factors that Inhibit the Relationship

However, there are things within home visiting programs that can hinder the development of this powerful alliance. Korfinacher and O’Brien (1999) compared home visiting programs implemented by nurses and paraprofessionals during pregnancy and infancy. Their quantitative study suggests that some of the factors inhibiting the relationship are staff turnover in programs and the fact that some staff reduce their time commitment to families over the course of the program. They found these factors to be disrupting to the helping relationship regardless of whether or not the home visitor was a professional.

Another adverse factor could be found within the mothers themselves, especially if the mothers are still in high school, as were those in Korfinacher and O’Brien’s (1999) study. They learned that mothers who had to deal with school commitments and friends found it difficult to continue with the home visits; as a consequence they made the visits a low priority, and often these mothers were the first to drop out of the program.

Additionally, families in all programs I read about were consistently found to receive about half the number of intended home visits. This would clearly interfere with the development of a stable, continuous relationship. Contrary to what Larner and Halpern found about the benefits of lay home visitors, Korfinacher and O’Brien (1999) found that lay home visitors (whom they term “paraprofessionals”) completed fewer visits (40% of intended visits) than professionals (51% of intended visits), had more dropouts, and more staff turnover.

There remains the fact, too, that home visits, for all their informality, are not “natural” social interactions. “Cultural rules guide the behavior between guest and hostess, and these do not typically give the guest the authority to pick topics of conversation, ask personal questions,

or tell the hostess how she should go about doing things” (p. 94), all of which may be necessary in a home visit. Though a lay home visitor stands much closer to the mother socially than any professional, she and the mother are not equals, and this subtle difference can make genuine relationships difficult to form (Larner & Halpern 1992).

Godley (1989) asked the mothers in her study what they did not want to see in a home visitor and they were best able to describe how they wanted the home visitor to talk to them. They did *not* want someone who would “scream at me,” “act real hateful toward what you say,” “be snappy,” or “demand things you should do” (p.13).

Summary of Literature

Home visiting is a potentially powerful strategy for offering information, guidance, and emotional and practical support to families in their homes (Powers & Fenichel, 1999). Home visiting programs have a long history in this country, dating back to the 1880s. Home visiting programs have varied goals, including serving families of children with special needs, promoting prenatal health and well-being, and preventing child abuse. Advantages of home visiting programs over other strategies for delivering services include the unique ability to work with individuals firsthand, where they live, to individualize services based upon each family’s needs, and to reach geographically isolated families or those without transportation or other means to reach a center-based program.

Home visiting programs have been evaluated to determine effectiveness and improve program quality. The best way to evaluate programs is hard to determine, because of the great variety that exists in the field. Controlled, randomized trials published in scientific journals are generally thought to provide the strongest evidence about what works and what does not in meeting desired outcomes in particular programs. However, other evaluation methods can offer rich sources of information that are helpful to programs wanting to grow and improve.

Powers and Fenichel (1999) proposed six key elements of home visiting programs, among which were carefully recruited and well-trained home visitors. Part of the visitors being

well-trained is knowing how to develop a strong relationship between themselves and the mother. It is this relationship that allows the home visitor's recommendations to the mother to have weight and in turn to influence a change in maternal behavior. The home visitor demonstrates her concern for the family and offers to help, and in so doing lays a foundation of confidence, trust and involvement that will enhance the impact of her educational message. When a home visitor is not able to establish a relaxed rapport with the mother, her recommendations will fall flat.

In order to promote this essential relationship, it is important that home visitors and mothers be well-matched in personality so that they may be more apt to develop a genuine relationship. Beside personality, there are several other factors that facilitate the formation of a good relationship. Being honest and forthright with the mother helps to develop trust. Opening up to the mother and sharing some of their personal lives with her, home visitors develop a commonality that lets the mother see that they are like her. It behooves the home visitor to establish a good relationship with the children in the family, so that the mother will see that her children like the visits, and this may persuade her to continue them. Doing non-child related activities that are important to the mother also strengthens the bond between mother and home visitor.

Especially when relationships are new, mothers may respond best to a home visitor that uses an indirect approach, involving active listening, providing support, and referral to other services, and to avoid "nagging" and direct, didactic teaching. Most mothers simply wanted the home visitor to be there to talk to and help care for their baby. They also wanted someone who would provide them with concrete assistance and follow up on things they had promised them. This, too, helps to develop trust in families with very real needs for basic items.

Some research suggests that the relationship may be facilitated if the home visitor is a lay person, rather than a professional, because the lay person is closer to the mother on the social strata, and especially if the home visitor is from the same community as the families she serves, and so familiar with the cultural norms of that community.

However, there are things within home visiting programs that can inhibit the growth of a strong relationship. There are findings that suggest that having a lay home visitor may actually be one of these factors, with lay visitors completing fewer visits overall, spending less time with the family, and having higher staff turnover. These factors disrupt the formation of a continuous, stable relationship.

Mothers, especially young mothers still in high school, may inhibit the relationship by giving school and social commitments a higher propriety than home visits, and thus being harder to reach than more committed mothers. There also remains the fact that home visits are not “natural” social interactions and there remains a barrier of inequality between home visitor and mother that must be breeched if a successful relationship is to be formed.

Chapter Three

Research Methods

Evaluation Research: Definition

According to Bogdan and Biklen (1998), evaluation research is a type of research in which “the researcher is most often hired by a contractor to describe and assess a particular program of change they oversee in order to improve or eliminate it” (p. 211). The researcher therefore serves the contractor who hired him or her. The purpose of the research is to “describe, document, and/or assess a planned change and to provide information to decision makers” (p. 212). Fitzpatrick (2001) further defines evaluation research as “the development of a good understanding of, and the making of some judgments about, the quality or effectiveness of [a program]” (p. 2). The primary purpose of evaluation is “helping to do things better in the future” (p.2). While the evaluation researchers may hope that their work informs the program, they should be more oriented toward “developing a good description of how the program was implemented, the ways it succeeded, and how it fell short” (p.2). The form of data presentation in evaluation research is most often a written report or oral presentation.

Qualitative Research in Evaluation

Since a goal of the evaluation of which this thesis is a part was developing an understanding of HFA and its accomplishments, we chose to use qualitative methods. “Qualitative evaluators have long emphasized the description of settings as a way of representing the complexity of a program. The goal of much qualitative evaluation is to develop a rich description of the program, its context, and how it is viewed by its clients” (Mark, Henry, & Julnes 1999, p. 5). This method is especially useful in evaluating home visiting programs, where the family’s perceptions of the home visitor often determine whether a family will stay in the program and receive the benefits thereof or drop out of the program altogether. These methods allow the evaluator to “maximize the depth of their understanding” about the program (Fitzpatrick, 2001). Conducting qualitative research necessitates the researcher spending a lot of time on site conducting participant observations and interviews, leading to a real sense of what

the program looks and feels like, and what it is like to be a participant in the program. The true character and quality of the participant's experience can be brought to light using qualitative methods (Fitzpatrick, 2001). Qualitative methods, specifically participant observation, alone among research methods, "allows the researcher to observe what people do, rather than being limited to reporting what people say about what they do" (Gans 1999, p. 1).

Evaluation Research: The Process

Qualitative evaluation research reflects a number of the same characteristics as basic qualitative research in general. Bogdan and Biklen (1998) list some of these:

1. Qualitative research has the natural setting as the direct source of data and the researcher is the key instrument.
2. Qualitative research is descriptive.
3. Qualitative researchers are concerned with process rather than simply with outcomes or products.
4. Qualitative researchers tend to analyze their data inductively.
5. "Meaning" is of essential concern to the qualitative approach. (p. 29-32).

Accordingly, in qualitative evaluation research, the "data that are collected tend to be descriptive, consisting of people's own words and descriptions of events and activities" within the program being evaluated (Bogdan and Biklen 1998, p. 214).

The presentation of findings also employs description. The research tends to be conducted in the places where the program is actually carried out. While usually not as extensive as in basic qualitative research, the researcher spends time with those he or she is evaluating in their own territory. The analysis and design proceed inductively. Rather than starting from predefined goals or goals extrapolated from official program descriptions, the researcher describes the program as he or she observes it working (p. 214). .

Qualitative evaluation research contains as emphasis on process – how things happen –

rather than whether a particular desired outcome of the program was reached, and there is a concern with meaning – how the various participants in the program see and understand what happened. People in positions at all levels of the program provide the researcher with information concerning what the program meant to them. Administrators' views of what was supposed to happen or what went wrong are given neither more nor less weight than what the staff (or the clients) think of what happened. The emphasis is on telling what happened from many points of view and on the hidden consequences as well as the hoped for consequences of the program (Bogdan & Biklen, 1998).

My research methods fall within this structure. I began with the stated purposes of the evaluation in mind: to assess to what extent and in what ways the Healthy Families Program enhanced parent-child interaction, child growth and development, and family functioning. The research question specific to this thesis, about factors that influence the relationship between the home visitor and the family, emerged after I had already begun my data collection and saw what rich insights I was gaining into this process. The concept of formulating a research question after data collection has already begun is in keeping with the inductive nature of qualitative research. In order to find answers to these questions through this form of qualitative research, I documented the process of data collection from participant observations, interviews, and by examining documents. I interpreted the data I was getting and constantly reflected on my process, changing it as needed throughout the course of data collection. This reflection was not only something that I did alone, but as Fitzpatrick (2001) suggests, I shared it with the program staff, saying, in essence, "Here's what I am learning. What do you think about it?"

Because rapport with the program participants is so vital in evaluation research – Fitzpatrick (2001) suggests that an evaluator seek to be "collegial" with the program staff, not full members of the program team, but not outsiders – I tried to let the participants feel that what they said to me would be held in confidence and not attributed directly to them either in the research report or in my conversations with others. Additionally, I tried to always keep in mind that my goal was description and documentation of the workings of the program, not a blanket

judgment of the program's success or failure, and so I tried to keep an optimistic and positive attitude with all the people I worked with in the program.

Why Evaluation Research?

Formative Evaluation Research Associates (2001) list some potential benefits of evaluation as “an opportunity to learn about, develop and improve the program; reach/influence/or inform other people about the program; and helping others start similar programs” (p. 1). Daro and Harding (1999) assert that good program evaluations can help programs clarify objectives, determine the impact the program is having, and define the paradigms that govern the program's activities. Evaluation results can also be used to ensure that the way programs are funded reflect the most current and reliable findings regarding program effectiveness (Daro and Harding, 1999).

Healthy Families America places a high priority on evaluation of its programs. Daro and Harding (1999) report that from its inception, HFA's home visitation program was viewed as one component in a three-part strategy to achieve significant and lasting change in the lives of families. One of these components was “a research context in which services would be refined on the basis of empirical evidence” (p. 2). The Healthy Families Research Network was established in 1994 to bring together those “evaluating the effectiveness of HFA sites and other home visitation initiatives” (p. 4). The network brought together those conducting both quantitative and qualitative evaluation. According to Daro and Harding, (1999) this variety of evaluation designs is needed to fully capture HFA's impacts, given the program's commitment to flexibility. The consistency of some evaluation findings across different methodologies offers program planners valuable insights into how best to support families (Daro & Harding, 1999). The network's evaluations have been viewed by HFA funders as contributing to the ongoing debate about how scientific evidence can be used in shaping program structure and policy (Daro & Harding, 1999). The network has five goals:

1. To produce a common database for describing HFA programs and participants,

2. Encouragement of secondary analysis of existing evaluative data regarding home visitation,
3. More efficient methods to identify and engage families in appropriate services,
4. Identification of the most efficient and reliable methods for measuring participant change, and
5. Identification of the critical unanswered research questions inherent in documenting and enhancing program outcomes (p. 4).

Reasons like the preceding all support the use of evaluation research as a valuable tool to help programs improve.

Sample Selection

The five families in this study were selected by a table of random numbers from families who had been in the program for at least twelve months. These five families were served by three Family Support Workers. The Family Support Workers were in part chosen purposefully by the program director because of their experience, but it also happened that all of the families who had been in the program at least twelve months naturally had more experienced Family Support Workers. One alternate family was chosen for each FSW, so that if any family dropped out the FSWs would each have the same number of families participating in the evaluation.

Evaluation Research in the Healthy Families America program: Data Collection

My research began in the summer of 2001 and continued through January of 2002. I personally collected all the data for this study. I began my research of the local Healthy Families Program in the summer of 2001. I collected data at two program sites. The time frame of the data collection as well as the form it would take were dictated by the parameters agreed upon between the contractor (Healthy Families) and the evaluation team, including myself, at the beginning of the evaluation. Immediately preceding data collection and continuing into the early stages thereof, I conducted literature searches on home visiting programs and Healthy Families America and later, after I had articulated my research question, into the factors that affect the

relationship between the home visitor and the family. I first wanted to gain an understanding of how the program worked and to get to know, insofar as possible, the participants in the program.

In beginning data collection, I reviewed the family file of each of the five families that had been selected for the evaluation.

Two of the FSWs were Caucasian and one was African-American. They were all women. All of the families were Caucasian. One family was headed by a husband and wife, and two more mothers got married during the course of the evaluation. The other two families were headed by single mothers. The husband and wife family dropped out fairly early in the evaluation and were replaced by an alternate family headed by a single mother. The number of children in each family ranged from one to three. The mothers ranged in age from 17 to 22. Families were paid \$50.00 for each time I came to see them to collect data, totaling \$200.00 paid to each family by the end of the evaluation.

I completed three participant observations of home visits with each family except for one and wrote observation notes after each visit. With the remaining family I completed two home visits and attended two program functions with the family and their FSW, writing observation notes after each visit or function. I completed one home visit with the family that dropped out of the evaluation. In addition, I tape-recorded formal, semi-structured interviews with each mother and FSW, and sat in on one supervisory session with each FSW and her respective supervisor, totaling two supervisors involved in the evaluation.

Evaluation Research in the Healthy Families America Program: Data Analysis

In order to gain a greater understanding of the relationships within this home visiting program, I inductively analyzed the observation and interview data for patterns that answered my questions about what factors positively or negatively influenced the relationship. Throughout the analysis process, I talked to the participants about trends I was finding and asked their views on the extent to which my conclusions were valid. By analyzing my data inductively, I was able to pinpoint several distinct factors that seemed to influence the relationships as well as different

styles and foci the relationships developed that influenced their efficacy. I broke the distinct factors down into two groups: those that positively influenced the relationships and those that had a negative influence. I also analyzed other relationships within the home visiting program that I thought might be of importance to the overall functioning of the program, but the full influence of which are beyond the scope of this study. In the following section I present my findings by first describing factors that positively influence the relationship, as well as describing the different styles and foci of the relationships. I then describe factors that I found to be detrimental to the relationships and touch on other relationships within the program that I believe may be of importance.

Chapter Four

Findings

Introduction

In this section, I first briefly describe the research participants. Following the description is an account of several factors that I found may be helpful in creating a good relationship between a Family Service Worker and a family, as well as a discussion of the apparent efficacy of two different relationship styles that I observed. Following this account, I touch on the two different foci which developed in these relationships. Lastly, I describe some factors that may be detrimental to the formation of a good relationship and on some other relationships that exist within the home visiting program that I found may be of importance.

The Participants

The participants in this study consist of a total of six families. I obtained my data almost exclusively from the mother of each family. Also included were three Family Service Workers and two supervisors at two different program sites. One of the families dropped out of the study after my first visit with them and were replaced by a pre-determined alternate family about three quarters of the way through the study. The family that dropped out was the only two-parent family originally in the study. However, during the course of the study, two of the mothers got married to their children's father, leaving me with two two-parent families and three families headed by single mothers. One of these single mothers was a teen mother. Two of the single mothers lived with one of their parents and one lived alone with her children. The oldest child in the study was four, the youngest, seven months. One of the mothers was pregnant with her second child.

The Family Service Workers were all women, two white and one African-American.

They had all been working with the program for at least two years. They all had high school educations and previous experience working with pre-school aged children. The two supervisors were both white women with college degrees in social work. They both had children of their own.

Qualities Helpful to the Relationship

One of the Family Support Workers (FSWs) said that the key to developing a good relationship with a family is being flexible. She said that the FSW has to spend some time in the home with the family to get a feel for their situation before she will know how to best proceed with that family.

Until you see what's going on in a home that may explain that situation...explain the way the behavior is...you can't really understand it until you see where it's coming from.

When you start off and you think okay I'm going to go into this home and I'm going to give them all this information and they're just going to love me, and then you see... it's not going to work that way. You can have your day all planned but when you go into a home it's not going to work that way.

While keeping this in mind, I *was* able to identify several positive aspects that the relationships the FSWs developed with their families had in common. True to the above statement, these relationships took different forms, each form having its own effectiveness with a particular family. In this section, I will discuss factors that positively influence the formation of a relationship between the FSW and the family. I will also discuss different styles and foci of the relationship, all of which appear to have benefit within particular situations. It is up to the FSW to be flexible enough to determine which of these works with a particular family.

Responsiveness

By far the most prevalent positive characteristic of the relationships that I encountered was responsiveness – the FSW recognizing what the mother wanted or needed from the program and then building upon those interests. Relationships in which the mothers' interests and

individual needs were ignored were denounced by one FSW. She said that she sometimes used the program's curriculum as the basis for her visits, but most of the time she just talked with the families about what was going on in their lives at that time. "If you're getting ready to get evicted, or the electricity's getting ready to get cut off, or you don't have no food, then you're not going to care about what I have to tell you." She said that some FSWs did not do it that way, but she felt it was a "matter of respect" when you were going into somebody's home that you talk to them about things that were important to them.

The other FSWs echoed her sentiment, likening developing a relationship with a family to learning to read a baby's cues. "I try not to be overbearing. I kind of wait on them...similar to learning a baby's cues...trying to find out what they are interested in, trying to find out what it is they are looking for and how you can help them with that information." Another said that "I think we're more just talking than we are working and then I pick up on cues of what they tell me and that's kind of how I know what intervention to use."

In many instances I read of in the family files, the FSW described happening upon a concern of the mother and then addressing that concern either immediately or in the next visit. For example, when a mother expressed concern over not being able to calm her baby when it cried, on the next visit her FSW brought her information about ways to calm a baby. When another mother expressed an interest in going back to school, the FSW brought her information on area community colleges and vocational programs. The concerns were not always directly articulated by the mother, but were sometimes just areas in which it was apparent to the FSW that the mother needed guidance. In such a case, when a mother told the FSW that she was feeding her two-month-old solid foods and soft drinks, the FSW brought information on the next visit about infant feeding and the harm of feeding solid foods too early, as obviously, by the mother's actions, she could tell that the mother needed information in this area. The style of responsiveness varied with the style of relationship, which I will discuss later.

Mothers also made positive comments about their FSW being responsive to their needs, providing triangulation for this data point. They said, "She only brings me information that I

need -- I mean she don't bring me nothing that I'm never going to use,"; "If I have any problems you know it seems like [FSW] has the answer for it or something," and "She brought me information about my pregnancy and that helped me a lot."

Mothers also said that if they were an FSW, responsiveness would be an important part of doing their job. When asked what were some of the things *they* would do on home visits, they said: "It would depend on what kind of kid I have, or what kind of each person it was...it depends like if they like a certain thing," and "If they had something to talk about or something was bugging them about their child...I'd probably get them some information on it."

Responsiveness also included showing interest in what was going on in the mother's personal life. In many instances, on home visits, when mothers mentioned having pictures of the child, the FSWs asked enthusiastically to see them. They looked with interest and made comments about Halloween costumes, children's new clothes and toys, mothers' new hair styles or manicures, and new furniture. Showing interest in what was important to the mother seemed very important to the relationships.

Respect

Respect seems to be another important factor in the development of good FSW/family relationships. The FSWs had to be careful not to forget that they were in the mother's home, always assuming the role of a respectful guest. Respect also included respecting a mother's privacy and being careful not to be perceived as being "nosey". One FSW said that some other programs overlooked this aspect, and because of this,

When you say the word agency, they think that it may be someone that's coming into their house and you're going to be judging them or looking at things – which you are – but you try to present it in a way that is helpful and that you are there to help as much as you can. I think the biggest thing is just to be respectful.

A mother also echoed this sentiment when she said, "If I call her she don't brush me off. If I have just a simple question for her [FSW] never brushes me off – she answers my questions.

She never treats me like just a case.” A different mother expressed a similar thought when she said that her FSW was “not like talking to a counselor”.

Another FSW put it this way:

I kind of go with how I would want to be treated in my house. I don’t want somebody coming in and basically taking over, you know, so I try to treat them the way I want to be treated in my house. If I don’t want to talk about a certain topic in my house I’m not going to and that’s the way I feel about them [the mothers] too.

A mother noted that her FSW showed respect by not being pushy, yet was always available when she needed her: “She doesn’t aggravate me like some people do. She don’t call all the time and ask nosey questions. She tries to stay out of my business...but if I need to get a hold of her I just call the office and she usually calls me back the same day.” Another mother explained that she did *not* like a supervisor because the supervisor came into her house “asking a lot of questions.”

Two mothers also mentioned that the FSWs showed respect for them by showing up for visits when they said they would – they were reliable and punctual. One of these mothers said that a previous FSW who had worked with her did not show her this respect and it obviously hurt their relationship. She said of this FSW: “She was kind of a bubble head...she’d forget to call me and tell me she was sick or something and I’d be waiting, and waiting, and waiting.”

Sharing Personal Experiences

Sharing personal experiences was a third factor in creating a good relationship. All three FSWs specifically mentioned this as an important factor in creating good relationships with their families. One said:

I try to build my relationships with them by relating personal experiences with them, kind of making myself seem...the same as them – that we’re on level playing grounds – like I share my experience a lot of the time with my son because my son has special needs and sometimes I can relate that to a feeling that they are feeling or when they talk about a bad

relationship I can share – well you know there was one time I dated this guy that, you know I do a lot of that and it makes us on level playing ground.

Another FSW also believed strongly in sharing personal experiences.

Sometimes you'll use your own experiences...like this is what I tried, especially when you're doing the child development stuff – I mean, I remember when my baby was potty training and...they see you as not just the person in the agency but somebody that's also experienced life a little bit, and they don't see you as the threatening person.

As well as not being perceived as threatening and sharing parenting experiences, the FSWs use personal experiences to let the mothers know that they, too, experienced similar hardships that the mothers were facing. This helped to facilitate a bond between FSW and mother.

I basically tell them too that if they think that because we as family support workers are in this job that we have this so-called magic wand, we don't, that I might be in the same boat too. Just because yes I do have a job or I'm married or whatever but it doesn't mean that I don't experience hardships. I mean I could go home and have a termination notice for my electric as well but there are ways we have to work that out and I show them, okay, this is what I have done, maybe you can try that.

During observations of home visits there were many examples of FSWs sharing personal experiences with the mothers. They lamented with mothers about how quickly their children were growing up, talked about what their children were going to be for Halloween, about bad landlords they had had, and experiences with pregnancy and childbirth. In this aspect, it seems to be a positive thing that as a job requirement, FSWs are supposed to have children of their own. Being able to share childrearing experiences seems to be a major factor in building a bond with the mother. I found that when I could share some of my own experiences with pregnancy with the mothers it greatly facilitated rapport that I gained with them as a researcher as well.

The value of sharing personal experiences was also reflected in what the mothers said to me. One in particular said, "We're like two of a kind or something like that. Some things that we

talk about she's been through it and I've been through it too, so we're more like in common together." Another mother gave a specific example: "...just little things like telling me what doctors...like she had a list of private doctors she liked herself that I could go to – things like that."

Sharing personal experiences also included telling stories about people the FSW and the mother both knew. Talking together about other people, sometimes the father of the children, seemed to be a factor in drawing the two closer together. One mother said, when asked if the FSW had helped improve her relationship with the father of her children, "Well, she knows him, so she helps me when he don't spend time with them and stuff. And he wouldn't claim [their son] when he was born and so she told me to tell him I'm willing to get blood tests done." Because the FSW knew the father, she knew that using this particular tactic on him would work, and he did indeed claim their son after the mother threatened to get blood tests. Many times on home visits this particular mother and FSW would talk about other people who lived in the mother's violent neighborhood. The mother said, "She's always helpful, especially, especially down here, telling me who to talk to and who to stay away from." In this case the FSW's personal contacts helped her in dealing with a mother living in a bad situation. Another FSW, when a mother mentioned that her husband was socializing with a particular man, warned her against him because she knew the man to be an alcoholic. There was also an instance where a mother knew an FSW's husband and on a home visit mentioned seeing him and speaking to him at a gas station. The FSW then began to talk about how her husband drove too fast and the mother agreed with her. These mutual acquaintances seem to lead to a familiarity and comfortableness between FSW and mother that is characteristic of a good relationship.

In this vein, sometimes the FSW would create situations in which she actually shared in an important experience with the mother, and they could talk about and reflect on these shared experiences later. By doing this the FSW is building on the common ground that she may already share with the mother. The most common way for an FSW to share experiences with the mother was to be present at a childbirth. The FSWs were there for the birth of four of the children in the

study. They also reported going to court with the mother when she was suing for child support or going to children's birthday parties. An FSW said,

The biggest relationship builder for J. and I was when she had [her son]. I was able to be there with her when she was in labor so she genuinely knew I cared and I didn't have to do that. That was like the proof that she needed that I was going to be there no matter what and to help her through...she trusts me so much that she's willing to learn anything that I'm willing to teach her.

Relationship Styles

In addition to these specific characteristics found within good relationships, I found that there were two distinctly different overall styles of relationship, direct and indirect. Both styles seemed to be equally effective in as far as mothers involved in both styles of relationship with their FSW spoke positively about the FSW and reported having taken the FSW's advice on major decisions they made. Therefore, the FSW had a positive influence on the mother in both styles of relationship. It is unclear, due to limited data, whether the style of relationship was determined by the FSW's own personality or whether the FSW purposefully chose a style based on what she had observed in the mother.

Indirect

The indirect style of relationship is characterized by reflective listening and providing information and personal experiences as a means of indirectly correcting behavior, rather than directly commenting on the behavior. For example, when, on a home visit, a mother allowed her baby to crawl alone up a flight of stairs, the FSW said to her, "I would be so scared. I would be right behind her like this," and stretched out her arms in front of her. When a mother told stories of violent episodes between herself and her baby's father, another FSW, on the next visit, brought the mother information on the harmful effects children experience when they are exposed to domestic violence. I read of another example in the family files. When a mother stated to the FSW that she had stopped giving her baby its medicine, on the next visit the FSW

brought information on the importance of completing a medication unless directed not to do so by a doctor.

In none of these instances did the FSWs directly comment on the problem behavior, but they made the mother aware that this situation could possibly have some undesirable consequences. Mothers who were involved in this type of relationship with their FSW said positive things about the FSW like, “She’s not real pushy,” “Really easy-going,” and “Always happy.”

An FSW who used this style of relationship said she did so because she felt the mothers were in need of “positive support” that they lacked elsewhere in their lives. Another FSW described this style as “getting their thinking processes going”. She said the purpose of this style was to “get them [the mother] to verbalize on her own what I want them to say”, so they can realize the truth without the FSW having to point it out directly to them.

Direct

The direct style of relationship is characterized by addressing the mother’s problem behaviors directly, sometimes in a confrontational manner. While I was on a home visit with an FSW who used this relationship style, I observed a mother complaining that her daughter was cursing, and the FSW said, “Well, you know she just gets that from somewhere. *You* never say anything like that, I know.” The mother’s response was to smile and blush. In another instance, an FSW reported getting into “shouting matches” with a mother because the mother had very unrealistic goals for her children. The FSW reports that the mother is doing very well now. In another example, while on a home visit and a mother complained about not liking her in-laws, the FSW said, “I *told* you you wouldn’t like living here and having to put up with that stuff.”

Mothers in this type of relationship said positive things about their FSW like, “She tells you things straight out,” “She don’t beat around the bush about anything,” and “If she’s got something to say she’ll say it.” An FSW who used this type of relationship said, “I was just kind of pushing forcefully -- showing them, OK, you can do this, you can, but I’m not going to do it

for you.”

The direct style of relationship seemed to be more stressful for the FSW to maintain, however. An FSW who had maintained this type of relationship with a mother for several years reported a high degree of dissatisfaction with the relationship, a belief that she had had no effect on the mother, and a desire to be out of the relationship. She said, “[the mother] is not going to listen to anyone. It’s her way or the highway. I really feel like there’s nothing more I can do for [the mother] you know? I’ll be glad when she graduates.” In the family files I found another indicator of the stress this type of relationship can have on the FSW. When an FSW reported confronting a mother very sternly about having a boyfriend much older than she, and afterward calling the mother back to make sure she had not offended her.

The direct type of relationship does not appear to be as stressful on the mother, because the mother in this same relationship, on her annual satisfaction surveys, reported that “every area” of her life had gotten better since she had been in the program and said that the FSW always gave her “good advice”. She reported having taken the FSW’s advice on an important issue about her daughter’s healthcare. So while maintaining a direct relationship may be stressful for the FSW, both types of relationship seem to be effective in their respective situations.

Relationship Focus

In addition to having different overall styles, I also noticed that the relationships I studied had two different foci. They could be mother-focused or child-focused, but specific FSWs tended to use one focus or another consistently.

Mother-Focused Relationships

Quite simply, during home visits in the mother-focused relationships, the FSW spent the majority of the time addressing issues that were going on in the mother’s life and problem-solving with her to try to come up with solutions to her problems. The FSW always asked about how the child was doing and spoke warmly to the child, but beyond collecting the current paperwork that was due on the child she did not go into depth on child development issues or do

any developmental assessments on the child. For example, on one visit, the FSW spent the entire time helping the mother fill out paperwork to apply for financial aid to school and talking with her about concerns she had about using the school hours to count towards her welfare-to-work requirements. She asked about how the baby was doing and expressed happiness that he was doing well, and collected the baby's current developmental assessment, but that was the only mention of the baby. The baby's father tended to the baby during the visit.

On another visit with an FSW in a mother-focused relationship, the FSW spent the whole visit talking with the mother about the dangers of AIDS. She gave the mother a pre-test to determine how much she knew about AIDS and after presenting the information gave another test to see how much the mother had learned. The FSW also gave the mother condoms. The mother tended to the baby during this visit, but the baby was preoccupied with playing and then went to sleep. The FSW did not address the baby beyond asking how she was doing lately.

Some mothers appear to like the mother-focused relationships. When asked what advice she would give to someone setting up a new Healthy Families Program, she said, "Not to base it on just...the kids and also to, because you know [her FSW] does try and help a lot with me and [her husband] and stuff and it's not just all about the kids you know."

Child-Focused Relationships

In child-focused relationships, the FSW spent the bulk of the visit talking with the child, modeling positive interactions with the child by showing interest in what the child was saying and asking them questions to get the child to elaborate, and doing simple developmental assessments on the child. These might include drawing a set of keys across a baby's field of vision to check the baby's tracking or asking a pre-school child questions about their name or gender, testing what basic concepts the child has mastered. The FSW might also help the mother with care taking tasks, such as changing a diaper or giving a baby its bottle. Beyond just collecting the child's developmental assessments when they were due, the FSW would look over the assessment in the mother's presence and comment on it and possibly ask questions about

how the mother likes doing the activities used in conducting the assessment.

Mothers also expressed appreciation for child-focused relationships. When asked what she liked most about her FSW, a mother said, “She cares about these kids -- you can tell that.” When pressed to elaborate, she said she could tell the FSW cared about the children by “Just the way she acts around them. Plays with them and talks to them -- you can tell they love her.” It would appear, then, that like the different overall styles of relationship, both mother-focused and child-focused relationships were perceived as positive and effective in the appropriate situation.

Factors Detrimental to the Relationship

The relationships that I had the opportunity to study in depth were ones in which the families were basically satisfied with the program, evidenced by the fact that they were still participating in the program. Data I got on relationships that failed either by being terminated by the FSW or by the family dropping out of the program came almost exclusively from my interviews with the FSWs, who reminisced on relationships that had gone bad. There were, however, some indications in another source of data, the family files, of things that had stressed the relationships I studied, but obviously not to the point of causing the relationships to fail.

Mothers involved in the study, when asked if there was anything they did not like about their FSW, invariably said no. They did make some negative comments about other people in the program, which I will discuss later. In this section, I discuss mothers’ unrealistic expectations of the program, the necessity of breeching sensitive topics with a mother, domestic violence in the home, and Child Protective Services involvement, all factors that appeared to be incompatible with forming a strong FSW/family relationship.

Unrealistic Expectations

The most prevalent factor the FSWs mentioned as being detrimental to the relationship was mothers’ unrealistic expectations of the program. One said,

I tried to build a relationship with one of my mothers once and ...I felt like she only wanted the program to see what she could get you know. She had these expectations of

me to be able to get her welfare you know or take away her sanctions and...she wasn't willing to work on behalf of herself you know whatsoever, she just wanted somebody to fix what she had done or whatever. And when she found out that I couldn't fix the things that she had done then she wouldn't show up for visits and really dismissed me.

The FSWs repeatedly said that mothers entering the program should realize that they were there to help the mother do things for herself, not to do things for her. One gave the example that while she would not fill out the mother's welfare paperwork for her and go to the welfare office for her, she would help the mother with any paperwork she did not understand and meet her at the office to "advocate" for her if needed.

Beyond program benefits, mothers could also have unrealistic expectations of the time commitments and requirements the program would place on them:

Sometimes they don't understand what all goes on with the program as far as they have to get a visit once a week or we have to do the [children's developmental assessments] and we give you papers -- sometimes they want us to help them get their benefits and that's that. OK, you've done that for me. I don't need you anymore. I don't need you for the three to five years that this program takes.

FSWs said that to remedy this problem, mothers should be explicitly informed of exactly what the requirements and benefits of the program were before they were admitted to the program.

Domestic Violence

Another factor in ending or damaging relationships was the presence of domestic violence in the home. One of the mothers in my study had been out of touch with her FSW for several months when the mother lived with her father, who was violent towards her and refused to let the FSW come to visit the mother at his house. The FSW kept in touch with the mother through letter writing and when the mother eventually moved the FSW resumed visiting her. The relationship had been damaged by this separation and at the time of the study the FSW was talking again about having to discontinue the relationship because the mother's boyfriend was

violent and the FSW did not feel safe going into the home when he was there. The mother's boyfriend had previously served jail time for attempted murder of the mother.

Another FSW reported a similar experience:

One particular incident -- it might have been a year after I started here -- I started with this young lady and I knew her boyfriend. I mean I knew he was controlling and there was some domestic violence in that relationship and he didn't trust me and I knew him and I didn't trust him and he forced her to quit.

The FSW said that the failure of this relationship "haunts me even to this day when I see that mom" but that she takes comfort in the fact that she knows the baby was taken out of that home and is in a safe place.

Sensitive Topics

I learned from reading the family files that breeching sensitive topics tended to stress the relationship between FSW and mother. These topics included birth control and sexually transmitted diseases. When an FSW felt it necessary, after the birth of a second child, to address with the mother the importance of choosing a method of birth control, the mother did not show up for several scheduled visits after that. She was unresponsive to all suggestions the FSW gave her about birth control, from suggestions on how to remember to take her pill to how to get a hormonal implant so she would not have to remember to take pills every day. The mother eventually had a third child, causing the FSW great stress.

Another mother said to me, after a visit in which the FSW had talked to her about how to avoid sexually transmitted diseases, "I know she don't have to tell me that! I don't talk about that stuff with nobody!" Also on this visit, the mother had refused the FSW's offer of condoms and brushed off further questions about what kind of birth control she was using. Clearly, if an FSW persisted in pursuing these sensitive topics with a mother, it would hurt or end the relationship.

CPS Involvement

A final factor that I found to be detrimental to the relationship was the family becoming involved with Child Protective Services. When they enter the program, all mothers are informed that the FSW is a mandated reporter to CPS, and so when a report is made on them to CPS some mothers take it for granted that the FSW is the one who made the report. This obviously stresses the relationship between the two, sometimes causing it to end. Because of this fact, the FSWs all reported that the hardest part of their job was having to report somebody to CPS. They knew that doing so might possibly end their relationship with the mother and with it any chances of ever being able to help the mother or the child. With reporting they also had to take on the responsibility of someone possibly going to jail because of what they had said. One FSW said this:

Well, she had a lot of stuff going on in her apartment and I had visited the day before and then I guess someone had ...called CPS on her and they had come out to visit her and she automatically thought I was the one that did it. And so kind of for a while she wasn't at home, because she thought I was the one who turned her in to CPS. I think that is the biggest obstacle.

Another FSW pointed out that if she ever had to report a family to CPS, it "might cloud your objectivity some" about that family, because the incident which prompted the report would always be on her mind, and would make having a continued relationship with that family a challenge.

Other Relationships Within the Home Visiting Program

Although the focus of my study was the relationship between the home visitor and the mother, I found indications that some other relationships that exist within a home visiting program might also be of importance to the overall effectiveness of the program. They were the relationships among FSWs, the relationships between FSWs and supervisors, and supervisor/family relationships. The full significance of these relationships should be further studied.

At both program sites where I conducted research, I noticed that the FSWs who worked there got along exceedingly well together. They reported doing things together outside of work and the importance of the support that they could give each other while doing their very difficult, high stress jobs. The offices were always full of laughter while I was there, from the FSWs joking and talking to each other as they did paperwork or made phone calls, which made up the bulk of the work they did in the office. One FSW said that although it was expensive to go out to lunch with the other FSWs in her office each day, she found it very valuable to be able to get together with them and be able to talk about the stresses of their job. It would appear that a good relationship with co-workers increases the FSW's job satisfaction.

Another very important relationship in the home visiting program is the FSW/supervisor relationship. FSWs reported strong feelings, both good and bad, about the perceived effectiveness of their supervisor. Negative comments about supervisors were always made in a guarded fashion, but the intent in the cut-off sentences and sideways looks I received when asking about the supervisor seemed to be that the FSWs felt that the conduct of their supervisor was a major factor in how well they were able to do their jobs. On the other hand, they were more than willing to lavish praise, on the record, on a supervisor whom they felt was doing well. The FSWs were obliged to have one two-hour session with their supervisor each week in which they went over the progress of each of the FSW's families. I observed the dread with which FSWs approached supervisory sessions when they had negative perceptions of their supervisor, and I also observed a remarkable instance that illustrated how effective this relationship could be when it was going well.

In this particular instance, one of the mothers in the study had called her FSW to tell her that she had run away from home and gotten married. I happened to be at the office for another reason when this occurred. The mother was living with her new husband in a home that had no heat and she had not told her father where she was. Her baby was with her. The FSW was obviously very much stressed about this announcement. She was pacing back and forth, running her fingers through her hair, and asking the supervisor repeatedly what she should do.

The supervisor was washing dishes in the office kitchen and talking aloud through the problem with the FSW. She listed all aspects of the problem -- that they had not actually seen the house and did not really know if the baby was in danger by living there, that they had an obligation to the mother not to reveal her whereabouts to her father if she did not want them to do so, but they also had an obligation to the father to let him know that his granddaughter was OK. The FSW was agreeing with everything the supervisor said.

The supervisor spelled out step by step what the FSW should say to the mother when she called back. She should immediately set up a visit with the mother in her new home so they could evaluate the situation and she should then call the mother's father and tell him that they had talked with the mother and that she and the baby were OK, but they weren't at liberty to divulge anything more. She explained her reasoning on this as that right now they were the mother's only connection with her family and they didn't want to alienate her. The supervisor praised the FSW for developing such a good relationship with this mother that the mother trusted her enough to call her at such a time. The supervisor asked the FSW if she thought this was a good solution. The FSW said yes. She relayed this information to the mother when she called back. When she got off the phone she asked the supervisor if she had said the right things and the FSW reassured her that she had. The FSW looked at me and said, "This is why she's the supervisor."

I thought that this example showed how powerful the FSW/supervisor relationship can be when it works well, when the FSW implicitly trusts the supervisor's judgment and the supervisor respects the FSW enough to problem solve with her instead of dictating what should be done, and praises the FSW for a job well done. The guidance and support of a good supervisor clearly has importance in the overall effectiveness of a program.

The supervisors also had relationships with the family, because they are obliged to go out with the FSW on home visits occasionally, and if the FSW is sick or otherwise unable to complete a visit, the supervisor will sometimes do the visit in her place. The supervisor becomes, to the family, another reflection of the program, and positive or negative impressions they may

have of the supervisor must have some significance. Some mothers spoke to me about negative impressions they had of the supervisor. One mother said she was glad it was me coming out with the FSW instead of the supervisor, whom she referred to as “you know who.” I asked the FSW about this after the visit and the FSW said that the supervisor made this mother uncomfortable because she asked the mother a lot of questions and dressed professionally on home visits, instead of casually, like the FSWs all tended to do. Another mother also described the supervisor as “nosey.” A third mother was more explicit about the supervisor, calling her “hateful” and “snotty” and saying, “I really don’t care for her.” The effect of these negative impressions of the supervisor on the effectiveness of a program should be studied further.

Summary of Findings

The families in this study endure a variety of stressful situations, including single parenthood, violent neighborhoods, and domestic violence. The FSWs expressed the importance of being flexible in their approach to families and tailoring their interventions and relationship building strategies to the individual family’s needs, but one factor that positively influenced the development of a good relationship was responsiveness, which included picking up on the mother’s needs and responding to them in some way. These needs could either be explicitly expressed or implied by some misguided action. Responsiveness also included being receptive to and interested in important things that were going on in the mother’s personal life.

Respect was another important factor. Respect entailed playing the role of a guest in the mother’s home and not being unduly “pushy” about aspects of the visit, as well as being on time for visits. Sharing personal experiences about childrearing and other issues, as well as sharing hardships she has experienced, was a final way the FSWs built strong relationships. They also made it a point to try to be there for important events in the mother’s life so they could have some common memories to talk about.

Relationships could take on a direct or indirect style, the former characterized by directly confronting the mother’s shortcomings. This style often involved a high level of stress for the

FSW. The indirect style was characterized by getting the mother to think about her problems and articulate the solutions to them herself, as well as sharing personal past solutions to problems. Mother-focused and child-focused relationships could work equally well, depending on the mother with whom each focus was used.

Factors appearing to be detrimental to the relationship included mothers having unrealistic expectations of the program's benefits or the time commitments involved in the program, domestic violence in the home, the necessity of breeching sensitive topics such as birth control or sexually transmitted diseases with the mother, or a family becoming involved with Child Protective Services.

In addition to the FSW/family relationship, other relationships within the home visiting program also appeared to be significant to the overall functioning of the program, but more study on these relationships is required. These other significant relationships were the ones among FSWs, between FSW and supervisor, and between supervisor and family.

Chapter Five

Conclusions

Connections to Literature

Many of my findings were tied closely to those I found in previously published research. Larner and Halpern's 1992 description of a typical home visit was very similar to those visits I observed. Most visits consisted of an "educational" portion followed or preceded by a relaxed time of sharing about general issues the mother had concerns about or significant events taking place in the mother's life. The home visitor would empathize with the mother and "problem solve" with her to come up with ways of dealing with difficulties.

Larner's 1987 study focused on the importance of the relationship between home visitor and mother. Larner found that a strong relationship would enhance the impact of the educational messages the home visitor wants to get across to the mother. One home visitor I interviewed echoed this sentiment when she said that one of her mothers "trusts me so much that she's willing to learn anything I'm willing to teach her."

Larner (1987) also noted that if a home visitor feels she is in the capacity of a friend to her client, the client will be a better participant than if the relationship were that in which the home visitor had the more traditional role of a social worker or teacher. My findings corroborated this from two sources. An FSW told me that when "you say the word agency" to a mother, it conjures up negative connotations of a person coming into the mother's home to judge them and be critical of them. An effective home visitor, she said, would concentrate on just being helpful to the mother and being respectful of the mother in her own home. A mother also echoed this sentiment when she said that she appreciated the fact that her FSW was not at all like "talking to a counselor."

Ispa et. al.'s 2000 study contained many similarities to my own findings. Ispa et. al (2000) found that "honesty and clarity to mothers about program requirements and benefits are essential to keeping the good will and continued participation of mothers" (p. 3). I found that

mothers' unrealistic expectations of the program were a major factor in failed relationships. Relationships in the program I studied had been harmed or mothers had dropped out of the program because they thought that the FSWs would do more things *for* them. Instead the FSWs' purpose was to help mothers do things for themselves. Some mothers were also not prepared to make themselves available for the number and frequency of visits they were required to receive.

Ispa et. al. (2000) also found that when home visitors open up to mothers about their personal lives somewhat, it may increase the mothers' confidence in the information given by the home visitor. Likewise, I found that sharing personal experiences was a major factor in building strong relationships in which the mother trusted what the FSW was telling her. When the home visitor opens up a bit and lets the mother see that they are a "real person" too, often experiencing many of the same hardships experienced by the mothers, this facilitates the relationship between the two.

Larner and Halpern (1992) found it to be helpful if the home visitor were from the same community as the mothers that she serves. I found examples of this as well, when a mother told me that an FSW helped her know who to associate with and who to stay away from in her violent neighborhood, and when I observed mothers and FSWs solidifying their relationships by talking about mutual acquaintances.

Ispa et. al. (2000) touched on the importance of the two foci of relationships that I also found to be of importance. These were mother-focused and child-focused relationships. Ispa et. al. (2000) found that establishing a warm relationship with children can help home visitors maintain their relationships with parents and that some parents continued participating in the program because they knew their children enjoyed the home visits. A mother told me much this same thing when she said that she could tell that her children loved her home visitor because the home visitor played with them and talked with them on each visit. Clearly, in this mother's perception, this was an asset of the program.

Ispa et. al. (2000) also described the possible efficacy of the mother-focused relationship. They found that home visits that involved mothers and home visitors working together on non-

child tasks that were important to the mother could also play an important role in winning trust and establishing a good relationship. One of the mothers in my study told me that she appreciated the fact that her home visitor did not base all her visits on “just the kids” but also gave her advice concerning her relationship with her husband.

Powers and Fenichel’s 1999 study proposed six key elements of effectiveness in home visiting programs. The first of these elements was clearly defined goals and objectives. I found that there were clearly defined lines between the mother-focused and child-focused relationships in my study and wonder if this disparity in focus is an indication of unclear program goals. Is the program’s main focus the mother or the child?

Ispa et. al. (2000) found effectiveness in both the direct and indirect styles of relationship, as did I. Ispa et. al.’s 2000 study found that especially when relationships were new, mothers may respond best to an indirect, soft approach that allows them to perceive the home visitor as giving them food for thought rather than commands. An FSW in my study described the indirect approach as “getting their thinking processes going.” Mothers in my study who were involved in this type of relationship praised their FSW for not being “pushy” and always being “easy-going”.

Ispa et. al. (2000) also suggested that with time, after the relationship has been solidified, the home visitor could be more direct without ill effect. I found that the direct style worked well for a few families in my study. Mothers who were involved in this type of relationship were happy with their FSWs because they did not “beat around the bush” and told them things “straight out”. FSWs who maintained this type of relationship said that they “pushed forcefully” to let the mother see that she had the power to accomplish things without the FSW having to do it for her. I found, however, that even though the direct style could be effective, it was stressful for the FSW to maintain such a relationship.

A factor affecting the relationships in all programs I read about was families receiving less visits than they were supposed to. Clearly, if the home visitor has less contact with the mother than she is supposed to, the relationship will be slower to develop and thus the mother will be slower to receive the full benefits of the program. This problem was also prevalent in the

program I studied. On many occasions, I was scheduled to go on a visit with an FSW and she or another FSW would call me to say that the visit had been cancelled. They gave a variety of reasons. The FSW or the mother was sick. A child in the family was sick. An FSW had had a death in the family. A mother had an appointment at DHHR or WIC. FSWs also gave an indication that they had a problem with mothers not showing up for visits. On more than one occasion, when we were preparing to go on a visit, the FSW would tell me not to be surprised if the mother was not at home. This never occurred when I was there, but I got the impression that it did occur frequently. Some reasons to cancel visits cannot be helped, for example, in the case of illness. I was told of a program called “Creative Outreach” that was designed to help FSWs get in contact with especially hard-to-get-in-touch-with mothers. However, some FSWs spoke derogatorily of this program, wondering how far they should go to “chase down” mothers who didn’t want to make themselves available for visits. FSWs and program administrators should develop a policy with regard to the parameters of Creative Outreach, and FSWs themselves should not cancel visits unless absolutely necessary. If a mother cancels a visit because she has something else to do, perhaps the FSW can go with her and possibly share a pleasurable, beneficial experience with the mother. Korfinacher and O’Brien (1999) found that lay home visitors completed fewer visits than professionals. Because all of the home visitors in my study were lay people, my experience with number of visit cancellations tends to corroborate this finding.

Final Thoughts

I feel that the research that I have conducted here realized the goal of qualitative evaluation to develop a rich description of the program and how it is viewed by its participants. The knowledge I have gained about the dynamics of the mother-home visitor relationship can be used by the home visitors to aid in improving their effectiveness on the job. Especially because my study used participant observation, a technique that has rarely been used in studying home visiting programs, it contributes a unique perspective to the body of literature on HFA and the

field of home visiting. Participant observation gives a good insight into the actual *process* of the home visits and how the home visitors go about developing a relationship with the families they serve. The development of a secure relationship between mother and home visitor is necessary in order for the interventions the home visitor attempts with the mother to be effective.

Mothers in the study told me that the strategies of responsiveness, respect, and sharing personal experiences work in creating the all-important trusting relationship. The finding of responsiveness is unique to this study. Home visitors would be advised to attempt these strategies when attempting to build a relationship with a mother, while still keeping in mind that they must be flexible and get to know the mother somewhat before they can learn what strategies truly work best for each mother. Individualization of services is one of the major strengths of the home visiting program.

In addition, home visitors should be cautious when approaching situations I found to be detrimental to the relationship. Benefits and requirements of the program should be made clear to the mothers when they first begin the program. Home visitors should use extreme tact and the style of imparting information that they have found works best with the mother when it is necessary to discuss sensitive issues with her.

Because the home visitor is a mandated reporter to child protective services, she must fulfill this duty when she feels that the children in the home she is visiting are at risk. If a home visitor finds it necessary to report a family, it would necessarily put a strain on their relationship. This could be mitigated somewhat by the home visitor being honest up front with the family about her mandated reporter status and reinforcing that she will not abandon the family, but will work with them on any issues that come up. This should also be the case when dealing with families beset by domestic violence. Home visitors should receive additional training in how best to work with these families so that when confronted with a situation of domestic violence they will have the knowledge necessary to enable them to continue working with the family, instead of dropping the family from the program.

I think that future evaluations of the program should place more emphasis on seeking the

mothers' perceptions, since the mothers' perceptions of the home visitor are so vital in the ultimate outcome of how effective the program will be for that mother. The mother-home visitor relationship is the medium through which the services of the home visiting program are delivered, and so the workings of this relationship should be of keen interest to program evaluators. Family support workers have a deep understanding of the importance of developing a trusting relationship, and they know that the key to doing so is the same as that of many other working relationships that we develop -- simply to respond respectfully.

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